

DEPARTMENT OF PLANNING County of Kaua'i, State of Hawai'i 4444 Rice Street, Suite A473 Līhu'e, Hawai'i 96766 TEL (808) 241-4050 FAX (808) 241-6699

COUNTY USE ONLY	
Date Received:	
REGISTRATION #	DATE

RAIN 2018 QUALIFICATION FORM

SECTION A. PROJI	ECT/PROPERTY	INFORM	ATION					
Applicant Name(s):								
Property Address:								
Tax Map Key:								
Mailing Address:					Contact	Phone:		
Parcel Area:								
Zoning Designation:	Special Management Area (SMA): Yes No				☐ No			
	reline Property or	☐Yes	□No		proximate	distance	to the	
within 500 feet	of the Shoreline?							
SECTION B. STRU	CTURE INFORM	ATION						
Descr	iption of Damage:							
Description of F	Proposed Repairs:							
Struc	ture Composition:	☐ Wood		Masonry (C	MU) 🗌	Concret	e 🗌 S	teel
Electrical improvements to be installed:								
Plumbing improvemen	nts to be installed:	☐ Yes	☐ No					
Construction Work to E	Be Completed By:	Owner	/Builder	☐ Contr	actor	License	No.:	
	ystem Damaged?	☐ Yes	□No	If YES, p describe	lease damage:			
Comments (for department use only):								
SECTION C. OWNE By signing this form, the owner acting for, under, or through the	(s), its beneficiaries, heirs,			_	s, successors,	, and assign	s, and any լ	person or entity
I certify and have affirmed to	hat either I am the owner	or authorized by	the owner	to register and	receive qualifi	cation for af	ter-the-fact	permitting.
I certify that the information 2018.	provided above is correct	, and that the al	bove repairs	are for damag	jes incurred du	uring the his	toric rain ev	ent of April
I understand that this work relimited to, zoning permits, For Department of Health require approvals.	lood Hazard, electrical, pl	umbing, grading	g, driveway,	work in County	or State right	of ways, fire	e, wastewat	er, and
I understand that the Count written consent to allow the on the current state of the d	County and/or State and	its designated a	agents entry					

 I understand that this work shall be subject to inspections by the County and/or State at any time, and agree to pay for all costs associated with any remedial work that may be required, to have the work conform to Kaua'i County and/or State standards. I provide my written consent for entry of any County or State official to inspect the progress of work between pre-registration and the receipt of a certificate of occupancy from the County of Kaua'i Department of Public Works. I agree and acknowledge that the County and State shall not be liable for any damage whatsoever, existing or future condition or defect, nor any adverse environmental condition. In addition, I shall release, forever discharge, indemnify and hold the County, State, its officials, employees, representatives and agents harmless from any and all claims arising out of the construction and repair of buildings, structures, or appurtenances thereto under the exercise of the after-the-fact emergency pre-registration and permitting process. I certify that the building, structures, and appurtenances have been built in a matter that does not put County or State inspectors at any risk of personal injury, wrongful death, or property damage. I agree to fully compensate and accept any claims that may arise from any danger or hazard caused by any construction not in compliance with the current County of Kaua'i Building Code and during County inspections related to any electrical or plumbing permit. In issuing the pre-registration and/or after-the-fact permits, if any, the County has relied on the information and data that I provided in connection with this application. If, subsequent to the issuance of this registration or any after-the-fact permits, such information and data prove to be false, incomplete or inaccurate, this registration may be modified, suspended or revoked, in whole or in part. I agree and acknowledge that any violation, deviation or expansion from the reconstruction parame							
Property Owner(s) or its Authorized Agent:							
Signature:		Printed Name	:				
Address:		1					
Phone No.:	Email:						
FOR OFFICIAL USE ONLY							
The Application involves:							
□ SMA □ Flood (Non-Conforming Structure) □ Historic Building □ Unpermitted Use/Structure □ Deviation from Original Plan □ More than 50% Damage □ Other: □		Structure [☐ Shoreline Property ☐ Non-Conforming Building				
TYPE OF PERMIT PROCI	ESS:						
☐ EXEMPT ☐ Qualify (Fees waived)		ed) [☐ Normal (Fees applicable)				
Official Signature:			Date:				